PTO/SB/22 (09-06)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | |
|---|------------|--------------------------|--------------|
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 0230-0217PUS1 | |
| Application Number 10/500,245-Conf. #8920 | | Filed J | une 25, 2004 |
| 7.ppilodion (4dnise) | | | |
| For COMPOSITIONS FOR IMPROVING LIPID METABOLISM | | | |
| Art Unit 1654 | | Examiner | T. S. Heard |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| X One month (37 CFR 1.17(a)(1)) | <u>Fee</u> | Small Entity Fee \$60 | \$ 60.00 |
| | \$120 | · | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| X Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| | | | |
| X The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. | | | |
| Deposit Account Number 02-2448 . Thave enclosed a duplicate copy of this sneet. | | | |
| | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| x attorney or agent of record. Re | | | |
| [] | - | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | |
| MAR 0 7 2007 | | | |
| Signature | | Date | |
| Gefald M. Murphy, Jr. | | (703) 205-8000 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of 1 forms are subm | itted. | | |

